

El Paso Parks and Recreation Department
Youth Scholarship Application



Applicant (adult household member) is **REQUIRED** to fill out this form completely
Applicant must provide valid ID

ADULT Last Name: _____ ADULT First Name: _____

Phone: Day: _____ Cell: _____ Email: _____

Address: _____ City: _____ Zip: _____
(No P.O. Box Address please)

Employer: _____ Phone: _____

NUMBER IN HOUSEHOLD: ADULTS _____ CHILDREN _____

TOTAL ANNUAL HOUSEHOLD INCOME \$ _____

Consecutive paycheck stubs from last 2 MONTHS From: _____ To: _____

PLEASE PROVIDE YOUR IDENTIFICATION NUMBER AND EXPIRATION DATE FOR
THE NEED VERIFICATION YOU ARE PROVIDING:

- ☐ Housing Authority (HUD) Sect. 8 Rent Subsidy ID# _____ EXP Date: _____
☐ Medicare or Medicaid ID # _____ EXP Date: _____
☐ Supplementary Security Income (SSI) ID# _____ EXP Date: _____
☐ Food Stamps ID# _____ EXP Date: _____

OFFICE USE ONLY

Approved: _____ Denied: _____ ID: _____ Originating Recreation Facility _____ District # _____

Print Name: _____ Signature: _____ Date: _____

Verified by: Print Name: _____ Signature: _____ Date: _____ Notes: _____

Please list all *youth* family members.

	Last Name	First Name	DOB	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

ADULT Last Name: _____ ADULT First Name: _____

Please complete the following information. This should include all persons related by blood, marriage, or adoption residing in the household. Please list employers or other sources of income. (For example, income received from Social Security, retirement benefits, or child support payments.)

1. Adult Name	Employer/Other Source of Income	Employer Phone	Annual Income
2. Adult Name	Employer/Other Source of Income	Employer Phone	Annual Income
3. Adult Name	Employer/Other Source of Income	Employer Phone	Annual Income
4. Adult Name	Employer/Other Source of Income	Employer Phone	Annual Income
5. Adult Name	Employer/Other Source of Income	Employer Phone	Annual Income
6. Adult Name	Employer/Other Source of Income	Employer Phone	Annual Income

The City of El Paso reserves the right to revoke a Youth Scholarship offered to an individual. All scholarship recipients are expected to abide by all rules and regulations of the program and to treat park and recreation facilities with proper respect.

Applicants who provide incorrect, incomplete or false eligibility information to the City will not be eligible for scholarship. The City also has the right to revoke a Youth Scholarship offered to an individual if applicant has a history of program non-attendance after being awarded a scholarship.

I certify that all the information provided on this application is true and correct to the best of my knowledge and that all previous year household income is reported. I authorize that information on this document may be verified with the employers or other income sources, and authorize said employers or other sources to release this information.

Adult Signature

Date